

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10626762**  
APPLICANT(S)

FILING DATE **8**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6	1						56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14	1						64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		1					70							
21	1						71							
22		1					72							
23		1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38		1					88							
39		1					89							
40		1					90							
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45		1					95							
46		1					96							
47		1					97							
48		1					98							
49		1					99							
50		1					100							
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓		
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓	
TOTAL CLAIMS		↓		↓		↓	TOTAL CLAIMS		↓		↓		↓	